

**DEPARTMENT OF SPECIAL SERVICES
TOWNSHIP OF UNION PUBLIC SCHOOLS
M-E-M-O-R-A-N-D-U-M**

TO: Pat Ditri
From: Donna Wozniak *DW*
Re: Board Agenda Items
Date: June 3, 2014

Please place the following on the board agenda:

The committee recommends and I so move that approval be given to Mountain Lakes Public School (Lake Drive Program) to provide Complete Audiologic Assessments at the the rate of \$600.00 per evaluation . Children under the age 5 or those who demonstrate developmental delays and /or cognitive limitations will require the use of a second audiologist for testing. When necessary, these evaluations will incur an additional fee of \$150.00 , for the 2014-2015 school year, not to exceed \$ 3,000.00 (11-000-219-320-01-19)

If you have any questions about the following services, please do not hesitate to contact us.

Audiological Support Services - will be provided by our Audiologist. After reviewing the requested documents, you will be contacted as per the determination of services. Services will be billed thru an invoice at the time of service.

(Suggested number of hours)

___ # of hrs. per week ___ # of hrs. per month ___ # of hrs. per year

(Please select the option of receiving or not receiving a written report)

___ \$160.00 per hour (No Report Requested)

___ \$320.00 per hour (Report Requested)

The following items must also be attached to this request:

- A current copy of the students IEP
- Audiogram (must be within the last 12 month period)
- Make and model of current hearing aids if applicable
- Make and model of current FM system if applicable

Audiological Support Services may include:

- Reviewing records and making recommendations to a district regarding assistive listening devices
- Training for a School Nurses on appropriate procedures for hearing screenings
- Assisting school districts with management of Assistive Listening Devices
- Training to staff regarding the proper care, use and maintenance of assistive listening devices
- Hearing Aid Test Kit - \$75.00 Includes: Listening stethoset, earmold air blower, cleaning tools, hearing aid dehumidifier, audio wipes, battery tester and hearing aid batteries

Complete Audiologic Assessment - \$600.00 (An invoice will be issued at the time of service)

- Pure Tone Air and Bone Conduction Audiogram
- Speech Thresholds
- Otoscopy
- Otoacoustic Emissions
- Electroacoustic Analysis of the Hearing Aid(s)
- Aided Soundfield Performance Measures
- Complete Written Report with additional emphasis on Educational Implications and interventions necessary
- Case History
- Word Recognition Testing
- Immittance Testing
- FM System Check
- Real Ear Measures

Audiological Testing Modifications for Special Populations:

Children under the age of 5 or those who demonstrate developmental delays and/or cognitive limitations will require the use of a second audiologist for testing. When necessary, these evaluations will incur an additional charge of \$150.

In-Service Training for Faculty - Our Audiologist will facilitate an in-service for your staff at a time convenient for all parties. A three hour minimum charge will be billed thru an invoice at the time of services.

___ # of hrs. @ \$160.00 per hour (3 hour minimum required) Topics available:

- Hearing aid use, care and maintenance
- Cochlear implants
- Use of the FM in the classroom
- Assistive technology

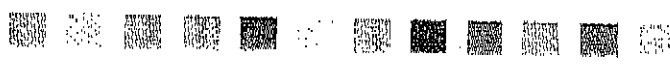
Please note: If Educational Support Services are required for a student, please do not hesitate to contact us to complete the necessary paperwork.

Request Made By: _____ Date: _____

Director of Special Services Signature: _____

For School Year: _____ Please complete and return by mail or fax to (973) 299-9405

Lake Drive Program Itinerant Services



Julie A. Lazeration, M.A., Principal
10 Lake Drive
Mountain Lakes, New Jersey 07046
(973) 299-0166 Fax (973) 299-9405
School Year 2013/14
Request for Itinerant Services
(Audiological)

Student: _____
Last First Date

Street Address State Zip

Date of Birth: _____ Age: _____ Grade: _____

School District: _____

School District Billing Address: _____
Street City

State Zip Code Phone #

Director of Special Services: _____

Street Address State Zip

Phone: _____ Fax: _____

Email: _____

School Attending: _____

Street Address State Zip

Phone: _____ Fax: _____

Case Manager: _____

Street Address State Zip

Phone: _____ Fax: _____

Email: _____

Reports to be sent to: _____

Street Address State Zip

Services effective: _____